

Dissertation Report



مستشفى جي إم سي
GMC HOSPITAL

Project Title
PATIENT SATISFACTION OF CLINICIANS AND HOSPITAL SERVICES

By

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PG/13/061

Under the guidance of

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Post Graduate Diploma in Hospital and Health Management
2013-15





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GMC HOSPITAL
"Healing through knowledge and wisdom"

ثمبى
THUMBAY

May 23, 2015

To Whom It May Concern

This is to certify that Ms. Sakshi Bhardwaj Adesh holder of Indian Passport Number M4656199 was working in our institution as Management Trainee from 1st March 2015 till 23rd May 2015, as a part of dissertation of her P.G.D.H.M program. She has completed the assigned project.

We wish her all the best.

For GMC Hospital and Research Centre, Ajman



to
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President

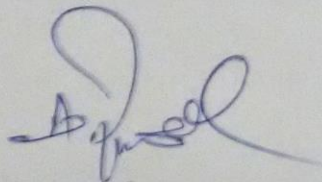
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This is to certify that Ms. Sakshi Bhardwaj student of Post Graduate Diploma in Hospital and Health Management (PGDHHM) from International Institute of Health Management Research, New Delhi has undergone internship training at GMC Hospital Ajman from 1st March 2015 to 23rd May 2015.

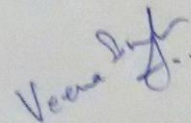
The Candidate has successfully carried out the study designated to her during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.



Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi



Dr. Veena Singh
Professor
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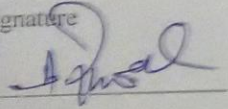
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The following dissertation titled " **PATIENT SATISFACTION SURVEY OF CLINICIANS AND HOSPITALITY SERVICES** " at GMC HOSPITAL, AMRITS is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

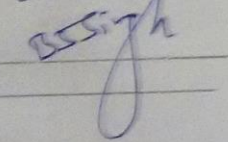
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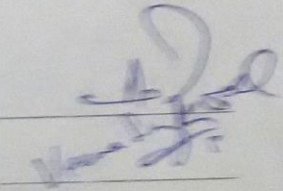
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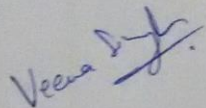




Certificate from Dissertation Advisory Committee

This is to certify that **Ms.Sakshi Bhardwaj** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"PATIENT SATISFACTION OF CLINICIANS AND HOSPITAL SERVICES"** at **"YOUR ORGANIZATION"** in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



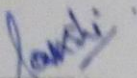
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled PATIENT SATISFACTION SURVEY ON CLINICIANS AND HOSPITALITY SERVICES AT GMC HOSPITAL AJMAN Submitted by Ms. Sakshi Bhardwaj , Enrollment No PG/13/061, under the supervision of Dr. Veena Singh for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 1st March 2015 to 23rd May, embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


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Name of the Student: SAKSHI BHARDWAJ

Dissertation Organisation: GMC HOSPITAL, AJMAN, UAE.

Area of Dissertation: Satisfaction Level of In-Patients.

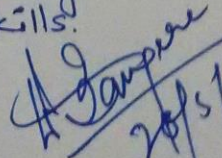
Attendance: 01-March 2015 to 23rd May 2015.

Objectives achieved: Handling Patients, Decision Making,
Team Building

Deliverables: Patient Satisfaction of Clinicians and
Hospital Services, Critical Analysis of
Bed Allocations in Hospital.

Strengths: Good Communication Skills, Dedication,
Hard work, Knowledge over the subject,
Negotiation Skills.

Suggestions for Improvement:


20/5/2015
Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 21-05-2015

Place: GMC HOSPITAL, AJMAN.

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ACKNOWLEDGEMENT

I, the authors of this report Ms. Sakshi Bhardwaj would like to acknowledge the contributions of the following persons -

First and Foremost, we are grateful to **Mr. Akbar Thumbay Moideen** (Director Healthcare & Retail Division Thumbay Group UAE), who gave us the opportunity to conduct a Survey for their GMC Hospital in Ajman. He is the originator of the idea and a continuous guiding light for the whole endeavour.

Dr. Manvir Singh (Medical Director Operations, Healthcare Division Thumbay Group UAE), was instrumental in guiding us to design the study and helped us to successfully overcome any difficulty during the course of the study. Without his kind patronage, this work would not have been possible. We extend our heartfelt gratitude to him.

Dr. Sadashiv Bangera (Assistant Director Patient Affairs and Marketing Departments of GMC Hospital Ajman). Right from the onset, he provided us with a congenial and enabling atmosphere, and gave us opportunity to get exposed to day to day working of Patient Affairs department of the Hospital. This has enriched our knowledge and made our work more effective. We are very thankful to him.

Mr. Avil Fernandes (Executive of PAD, GMC Hospital Ajman), was our immediate supervisor during the course of study. He worked with us all the while, led our team as a captain, cleared all operational roadblocks and communicated with senior management as well as other stakeholders on our behalf. A great lot of credit goes to him for making this effort a success.

Dr. Veena Singh (Professor at Institute of Health Management Research University, Delhi), my Guide for Dissertation, ensured the Quality of the study through his insightful guidance, all along the course of the study. I am grateful for his blessings that she showed for this project.

Dr. A.K. Agarwal (Dean Academic and Students Affairs at Institute of Health Management Research) played a key role in instilling confidence in us from time to time that enabled us to make this project a success.

Mr. Shiv Gopal (Placement Officer at IHMR Delhi) played very important role of clarifying issues that arose from time to time during the course of our study.

Lastly, we extend our heartfelt gratitude to all the staff working in the Patient Affairs Department of GMC Hospital Ajman, who provided us support and guidance whenever we needed.

ABSTRACT

Patient satisfaction surveys are essential in obtaining a comprehensive understanding of the patient's need and their opinion of the service received. It is a vital tool in evaluating the quality of healthcare delivery service in hospital. The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients.

Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities. Patient satisfaction is a significant indicator of the quality of care. Consequently, quality work includes investigations that map out patient satisfaction with nursing care, doctors care and other services provided to the patients.

The current study is a cross-sectional descriptive research about assessment of patient satisfaction in GMC Hospital Ajman UAE. Respondents were surveyed with a sample size of 306.

The research tool was a pre-structured questionnaire and data collection was conducted from March 19th 2015 to April 10th 2015.

This study aimed to find the levels of patients 'the respondents were satisfied with the physicians services and the hospital services provided to them.

In the result we got that overall level hospital was rated in good and very good category. The parameters used in the project were Gender, Payment mode and nationality.

Results

Showed that female were more satisfied than males and in payment mode insurance patients rated hospital in good category and in nationality Indian and Pakistan patients were more satisfied.

INTRODUCTION

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the nonclinical outcomes of care do influence the customer satisfaction. Patients are using public health services but majority are not satisfied. Patient's satisfaction depends on many factors such as quality of clinical services provided, availability of medicine, behavior of doctor and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences. It reflects the ability of the provider to meet the patients' needs. Satisfied patients are more likely than the unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens.

Patient satisfaction and healthcare service quality, though difficult to measure, can be operationalized using a multi-disciplinary approach that combines patient inputs as well as expert judgement. For the medical institutions to know how patients feel about their service is very important, both, for improvisation of self and, retention of patients. Both these factors will decide the fate of the institute and help in its extension in terms of infrastructure and reach/coverage within the community. Assessment of patient satisfaction is required to help improve health system performance and promote better governance of the hospital services.

The healthcare managers that endeavor to achieve excellence take patient perception into account when designing the strategies for quality improvement of care. Recently, the healthcare regulators shifted towards a market -driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organizational performance. Many factors including poor systems and stress of the caregivers effects the quality along with satisfaction of patients. Patient satisfaction denotes the extent to which general health care needs of the clients are met to their requirements.

In many countries, surveys of patient satisfaction and patient experiences with hospitals are carried out regularly, and the results are made available to the public together with other indicators of health care quality . Assessment of patient experiences can have different purposes: (a) describing health care from the patient's point of view; (b) measuring the process of care, thereby both identifying problem areas and evaluating improvement efforts; and (c) evaluating the outcome of care.

Patient satisfaction is as important as other clinical health measures and is a primary means of measuring the effectiveness of health care delivery. The current competitive environment has forced health care organizations to focus on patient satisfaction as a way to gain and maintain market share. If you don't know what your strengths and weaknesses are, you can't compete effectively. The data gathered through measuring patient satisfaction reflects care delivered by staff and physicians and can serve as a tool in decision-making. Patient satisfaction surveys can be tools for learning; they can give proportion to problem areas and a reference point for making management decisions.

They can also serve as a means of holding physicians accountable – physicians can be compelled to show they have acceptable levels of patient satisfaction. Patient satisfaction data can also be used to document health care quality to accrediting organizations and consumer groups and can provide leverage in negotiating contracts.

Probably the most important reason to conduct patient satisfaction surveys is that they provide the ability to identify and resolve potential problems before they become serious. They can also be used to assess and measure specific initiatives or changes in service delivery. They can identify those operations and procedures that require better explanation to patients. And most importantly, they can increase patient loyalty by demonstrating you care about their perceptions and are looking for ways to improve. There are a number of challenges small facilities, in particular, may face with conducting patient satisfaction surveys. These include: tight budgets, lack of funding, lack of commitment from administration or staff, lack of in-house expertise to plan and manage task, lack of in-house resources for existing staff, with small sample size, designing a statistically valid sampling process, obtaining acceptable response rates and reliable data, properly analyzing and reporting survey data, translating findings into information that can be used for program planning and quality improvement efforts, no institutional incentives for performance improvement, and selecting a survey instrument that will produce valid and reliable results. Although there are numerous challenges for small rural hospitals, we are hoping this publication will make the process easier to understand and manage.

Patients' satisfaction with their hospital care is important to payers, hospital administrators, physicians, and patients. It is important because it captures the patients' experience of health care outside of direct effects on health and acknowledges the role of the patient as partner in health care, and as such reflects the patient-centeredness of care. It also offers insight into patients' perceptions of interpersonal relations and amenities. In addition, it is a goal toward which considerable resources are directed. Physicians' communication behaviors are important contributors to patient satisfaction in the outpatient setting. In the inpatient setting, several studies have indicated that the quality of aspects of communication with physicians is important to hospitalized patients

Determining whether physicians' communication behaviors have a direct effect on patient satisfaction ratings is not straightforward, however, because their association may be confounded in several ways. For example, an association between ratings of communication behaviors and overall satisfaction could reflect reverse causation in which patients who are more satisfied with their care are also more likely to rate their physicians' communication behaviors highly. In addition, patients who have heard good news, or who have had a good health outcome, may give high ratings for the physician's communication behaviors and report greater satisfaction, producing an association not due to any effects of communication on overall satisfaction. Similarly, patients who are generally unhappy or more difficult to please might give lower ratings to both their physician's communication behaviors and their satisfaction, again producing a spurious

association To address such confounding of the association of communication and overall satisfaction by patient factors, we need ratings of communication that are independent of individual patient factors that may also affect overall satisfaction.

Communication between doctors and patients is attracting an increasing amount of attention within health care studies. In the past two decades descriptive and experimental research has tried to shed light on the communication process during medical consultations. However, the insight gained from these efforts is limited. This is probably due to the fact that among inter-personal relationships, the doctor-patient relation is one of the most complex ones. It involves interaction between individuals in non-equal positions, is often non-voluntary, concerns issues of vital importance, is therefore emotionally laden, and requires close cooperation . While sophisticated technologies may be used for medical diagnosis and treatment, inter-personal communication is the primary tool by which the physician and the patient exchange information.

To achieve this objective, patient satisfaction with the health service provision, namely the quality of the interaction with the doctor, has been described as a critical factor to consider However, given the association between satisfaction, health outcomes and the adherence to therapeutic suggestions the relevance of satisfaction appears to go beyond benefits for individual health service providers. A lack of adherence, or non-compliance, can lead to death and significant health care costs Another concept shown to reduce health care costs and increase health outcomes is patient participation.

HOSPITAL SERVICES

Our diet significantly affects our health. This is true for both overnutrition (which can lead to obesity) and undernutrition. Malnourished patients in hospital stay longer and are more likely to develop complications or infections. At home, they visit their GPs more often. Most malnutrition arises in the community, but once a patient is admitted, there is a great deal that hospitals can do to hasten recovery with close attention to nutrition and hydration needs. For most inpatients, nutritional care will be based on the food provided by the hospital.

Some patients with severe malnutrition will need nutritional supplements and there is good evidence that they can reduce complications and speed recovery. But nutritional supplements can often be avoided if the hospital can provide the right food to meet patients' needs for recovery, wound healing and rehabilitation. This can have significant cost savings, as well as delivering a far better experience.

Hospitals also have a wider social responsibility. As major purchasers and providers of food and catering services, they have the opportunity to put sustainability at the heart of their work.

Hospital food should meet all these challenges. It should complement the patient's care and enhance their stay. It should help staff and visitors choose a healthier lifestyle and it

should support our economy and protect our environment. Hospital food can – and should – be a vehicle for improvement and a role model for food in the local community. Crucially, it should also be a source of pleasure and enjoyment. Many hospitals provide food and drink that demonstrates these ideals in action. But some struggle to deliver on one or more aspects, and variation across the country is too great.

The Hospital Food Standards Panel was set up to tackle this by examining existing food standards, advising on how they should be applied and monitored, and recommending further actions to maintain improvement in the future.

AIMS AND OBJECTIVES

The Aim of this research project is:

- ✓ To ensure that quality of patient care is improved and increase the satisfaction level regarding the services provided in hospital.
- ✓ To study satisfaction of in-patients regarding patient care, behaviour of hospital's personnel and provision of basic services and amenities in the hospital.

LITERATURE REVIEW

Standards of [health care](#) are considered to be generally high in the [United Arab Emirates](#), resulting from increased government spending during strong economic years. According to the UAE government, total expenditures on health care from 1996 to 2003 were US\$436 million. According to the [World Health Organization](#), in 2004 total expenditures on health care constituted 2.9 percent of [gross domestic product](#) (GDP), and the per capita expenditure for health care was US\$497. Health care currently is free only for UAE citizens.

The start of modern health care in the United Arab Emirates can be traced to the days when the area was known as the [Trucial Coast](#). In 1943, a small healthcare centre was opened in the Al Ras area of [Dubai](#). In 1951, under the patronage of [Sheikh Saeed bin Rashid Al Maktoum](#), the ruler of Dubai, the first phase of the Al Maktoum Hospital was built and continued over succeeding years until a 157-bed hospital was completed. In 1960, Sheikhs Shakhbut and Zayed of [Abu Dhabi](#) visited an American mission in Muscat and were so impressed by what they saw that they invited the couple in charge, Pat and Marian Kennedy, to open a clinic in [Al Ain](#), which they did in the November of that year. This became officially known as the [Oasis Hospital](#), unofficially as the “Kennedy Hospital” to local people.

In 1966, a small outpatient department opened in Abu Dhabi, followed a year later by the appointment of Dr Philip Horniblow with a brief to develop a national health service. This led the then ruler of Abu Dhabi, Sheikh Zayed, to open a new hospital, the Central Hospital, in 1968. The Private sector has also made enormous contributions in the U.A.E led by the [Gulf Medical University](#) and the [GMC Hospitals](#) as the pioneers in private medical education and healthcare sectors.

The UAE now has 40 public hospitals, compared with only seven in 1970. The Ministry of Health is undertaking a multimillion-dollar program to expand health facilities and hospitals, medical centers, and a trauma center in the seven emirates. A [state-of-the-art](#) general hospital has opened in Abu Dhabi with a projected bed capacity of 143, a trauma unit, and the first home health care program in the UAE. To attract wealthy UAE nationals and expatriates who traditionally have traveled abroad for serious medical care, Dubai is developing [Dubai Healthcare City](#), a hospital free zone that will offer international-standard advanced private health care and provide an academic medical training center; completion is scheduled for 2010.

Increasing awareness and education has increased patients’ expectations, demanding shorter waiting times, higher quality service, quicker response and healthcare units in the neighbourhood to reduce travelling. This puts a lot of stress on hospitals to revamp and organise their systems and processes to meet the demands and expectations of the patients. . (**Rajpal 2011**).

Clients’ satisfaction was defined as the result of matching one’s expectation of healthcare services with actual experiences whether it is pleasant or disappointed in Advances in Service Marketing and Management by Swartz TA, Bowen DE, Brown SN, and Stephen in 1993; pp. 65-85.

The level of satisfaction will be low if the services do not meet what the patients have wished. However, the patients will show a high level of satisfaction if their expectations are met. In addition, patients will feel highly satisfied and delightful if services are even better than what they have expected (Swartz TA, Bowen DE, Brown SN, and Stephen; 1993)

In 1985, Swan suggested that patients' positive opinion about services they have received is the process of matching between a set of generally accepted quality with their personal past involvement

Many articles about patients' satisfaction suggested the following significant relationship:

- Satisfaction is the result of perceiving service implementation against expectation.
- Willingness to buy or come back to receive the same services is the effect of satisfaction.
- Expecting and willingness to have services create alternatives for patients

Findings from various articles suggested that most patients are very sensitive about what is going on with their health condition. They honestly insist to know exactly what the problems are, the ways treatment might be taken in account and the consequences that might happen. They still do even though it might frighten or disappoint them in any ways (McQuity S, Finn A, and Willey JB, 2000).

Nowadays, hot issues like qualified health care service and patients' satisfaction are being crucially discussed throughout the world. Many different institutions have adopted a means to reflect on their service providing. Hi-tech, humanistic approach, educational backgrounds, communication, and means of transferring qualified service quality to the patients constitute the vitality of patients' satisfaction (Al-Bashir M, Armstrong D, 1991)

The Role of Hospital Foodservice Adequate nutrition intake is an important part of healing the hospital patient. In general, undernutrition is associated with loss of muscle strength and impaired immune function which can lead to an increase in complication rates, infection rates, and 4 mortality (Giner, Laviano, Meguid, & Gleason, 1996; Johansen, Kondrop, & Plum, 2004). Promoting optimal nutritional status through quality hospital foodservices can lead to a faster recovery and decreased length of hospital stay which can have a large impact on hospital costs (Giner et al., 1996; Johansen et al., 2004)

Health care in the United States is the largest service industry in the world and it exists in a dynamic, competitive environment, where the need to provide quality services with limited resources is vital (Drain, 2001; Kizer, 2001; Fallon, Gurr, Hannan-Jones, & Bauer, 2008). Health care institutions must monitor and address patient satisfaction in order to remain viable.

Foodservice quality is significantly correlated with overall patient satisfaction (Sheehan-Smith, 2006). Therefore, it is not surprising that many hospital foodservice organizations are changing to be more focused on patient care in an effort to boost patient satisfaction and control costs (Buzalka, 2008; Drain, 2001; Urden, 2002). In the highly aggressive health care industry, hospital foodservice is poised to play an important role in gaining the market share edge.

Communication between doctors and patients is attracting an increasing amount of attention within health care studies. In the past two decades descriptive and experimental research has tried to shed light on the communication process during medical consultations. However, the insight gained from these efforts is limited. This is probably due to the fact that among inter-personal relationships, the doctor-patient relation is one of the most complex ones.

The foundation of a positive patient–physician relationship rests on mutual trust, confidence and respect. Patients are not only more compliant when they perceive their doctors as being competent, supportive and respectful, but also more likely to discuss important information such as medication compliance, end-of-life wishes or sexual histories. Several studies have demonstrated that such relationships positively impact patient outcomes, especially in chronic, sensitive, and stigmatising problems such as diabetes mellitus, cancer or mental health disorders.

Improvements in hospital food and beverage policy and environments can be made by using a planned series of steps, including engaging stakeholders, forming a team, assessing current policies and environments, assessing needs and identifying goals, developing an implementation and maintenance plan, and then evaluating the effects of those changes.

(<http://www.cdc.gov/obesity/hospital-toolkit/pdf/creating-healthier-hospital-food-beverage-pa.pdf>).

METHODOLOGY

The GMC hospital is the biggest and one of several autonomous hospitals based in the Ajman, United Arab Emirates. The main objectives of this research were to assess the level of patient satisfaction with Inpatient Department's services regarding physician

patient interaction; nurse-patient interaction; registration and food services. By receiving permission from the director of the hospital, the research process was started from in-office data collection.

3a. Study Design

This study was a cross sectional study. This design is particularly aimed to find out the levels of patients' satisfaction and its significant relationships with socio-demographic characteristics of the studied samples.

3b. Study Population

The study population consisted of Inpatients aged from 18 – 80 years admitted in inpatient department of GMC, from 21st March to 15th of April in 2015.

3b.1. Inclusion Criteria

- ✓ The inpatients admitted in hospital, age ranges are from 18 years to 80 years old.
- ✓ The patients who were willing to give consent.
- ✓ The patients who were able to listen and understand Hindi, Urdu and English language.
- ✓ Not admitted under observation status.
- ✓ And, patients who are alive at discharge.

3b.2. Exclusion Criteria

- ✓ Patients who had mental problems.
- ✓ Patients who needed emergency attention.

3c. Sample Size and Sampling Technique

The sample size was calculated using sample size calculator available on website (<http://www.raosoft.com/samplesize.html>).

Sample size calculator

What margin of error can you accept? 5 %
5% is a common choice

What confidence level do you need? 95 %
Typical choices are 90%, 95%, or 99%

What is the population size? 1500
If you don't know, use 20000

What is the response distribution? 50 %
Leave this as 50%

Your recommended sample size is **306**

The margin of error is the amount of error that you can tolerate. If 90% of respondents answer yes, while 10% answer no, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size.

The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer yes would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size.

How many people are there to choose your random sample from? The sample size doesn't change much for populations larger than 20,000.

For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under **More information** if this is confusing.

This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a

Formula components

Margin of error: The margin of error is the amount of error that you can tolerate. (5%)

Confidence level: The confidence level is the amount of uncertainty you can tolerate. (95%)

Population size: How many people are there to choose your random sample from? In GMC during one month there are 1500 admissions\discharges. (1500)

Response distribution: For each question, what do you expect the results will be? (50%)

The result of formula computation was **306** patients

Adding, a 10% for incomplete answers, the total number came out to be **337**.

In order to obtain statistically significant representatives of the population who have been visiting the Inpatient Department, a **systematic random sampling** was used to draw the interval sampling number of patients that should be skipped for each sample selection.

The researcher selected every fifth patient from the samples available at the time of data collection to be interviewed. Moreover, samples were collected in all shifts of working hours to ensure the proper distribution of patients who represented the total population.

4. Data collection tools

The research instrument planned for this study was a structured questionnaire.

The questionnaire was divided in to seven parts;

I – Socio-demographic factors

II – Patient Satisfaction with Doctor Care Quality

III – Patient Satisfaction with Nurse Care Quality

IV – Patient satisfaction towards Patient Affairs Department

V- Patient satisfaction towards Food and Beverage Department

VI-Overall Rating of the Hospital

VII – Suggestion and comments from the respondent regarding the services of GMC.

Part I. Socio-demographic factors

To know about Socio-demographic details of patient researcher noted down Hospital number, by putting hospital number in hospital HMIS, researcher able to know about age, sex, nationality, room occupied, mode of payment and Dept. of treatment. The age has been categorized in to three groups (18-32, 33-49, 50-66 and 67-88). The sex has been listed as male and female. The rooms are categorized in to seven groups (general ward, Semi-private, private, deluxe, smart-deluxe and VIP). The type of payment for this visit has been categorized in to 2 groups (insurance and self). The department has been categorized into nine groups (Ent, general surgery, gynecology, internal medicine, orthopedic, cardiology, nephrology, pediatrics, emergency).

Part II. Patient Satisfaction with Doctor Care Quality

To know about Patient Satisfaction with Doctor Care Quality, there are 7 questions. The option given for this part was quality of care given by doctor was poor, fair, good, very good and excellent.

Part III. Patient Satisfaction with Nurse Care Quality

To know about Patient Satisfaction with Nurse Care Quality, there are 7 questions. The option given for this part was quality of care given by nurse was poor, fair, good, very good and excellent.

Part IV. Patient satisfaction towards Patient Affairs Department

To know about Patient Satisfaction towards Patient Affairs Department, there are 4 questions. The option given for this part was poor, fair, good, very good and excellent.

Part V Patient satisfaction towards Food and Beverage Department

To know about Patient Satisfaction towards Food and Beverage Department, there are 4 questions. The option given for this part was poor, fair, good, very good and excellent.

Part VI Overall Rating of the Hospital

The option given for this part was poor, fair, good, very good and excellent.

Part VII – Suggestion and comments from the respondent regarding the services of GMC.

Any point that patient want to say about hospital services.

5. Pre-testing

Pretesting of questionnaires IPD patients was done before finalizing the questionnaires. For pretesting 30 patients were interviewed from IPD.

6. Data Collection Procedure

The data was collected from 21st March to 15th of April in 2015. All respondents were selected from the patients who were 18 years old and above and visited the Inpatient Department at the data collection period.

RESULTS

SATISFACTION LEVEL

At general level 306 sample size was taken for the project and analysis of this samples was done by taking 3 parameters that is Gender, Payment Mode and Nationality.

The sample size is analyzed on the basis of Gender ie : Male and Female, Payment Mode ie: Insurance patient and Self Payment and the last Parameter is the Nationality ie 4 nationality patients ie: India, Egypt, Pakistan and Phillipines.

First the general analysis was performed which is shown by by below graphs:

On the basis of Gender

This analysis and graph says the male patients percentage is 31.66 % and for female is 68.3%

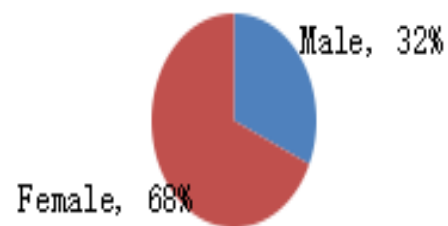
General Analysis At Overall Sample size	Sample size 306
Gender	Percentage
Male	31.66
Female	68.3

This Graph signifies the percentage of male and female patients

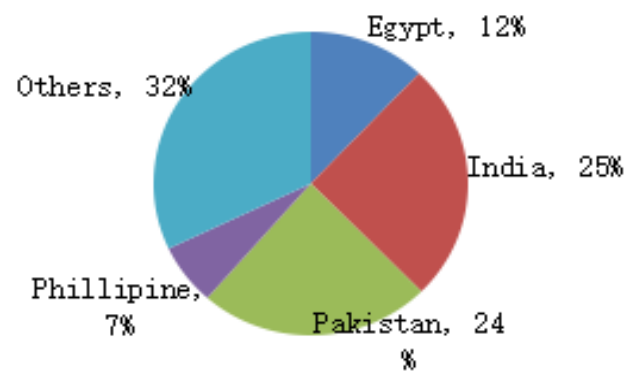
On the basis of nationality when patients were analyzed 4 nationality patients were frequent in the hospital

Nationality	Percentage
Egypt	12.09150327
India	25.49019608
Pakistan	23.85620915
Philippines	6.535947712
Others	32.035

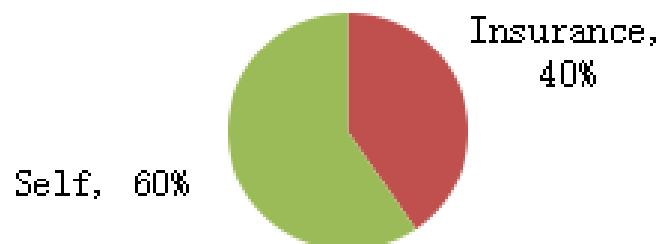
Gender



Nationality



Payment Mode



In the Below graph the frequent patients coming are Indian patients the graph showing that is given below:

3 parameter taken for analysis was Payment Mode of the patients who are satisfied the table given below shows the percentage

Payment Mode	Percentage
Insurance	43.1372549
Self	63.39869281

This graph says about the percentage of Insurance and self Paid patients

The above Table and graph showed general percentage on basis of Gender,Payment mode and nationality analysis.

ANALYSIS OF DOCTORS

There is more footfall of female patients in the hospital as compared to male, therefore the aim to doing this analysis is to compare satisfaction level among males and female patients.

According to questions in the questionnaire comparison was performed in Male vs Female

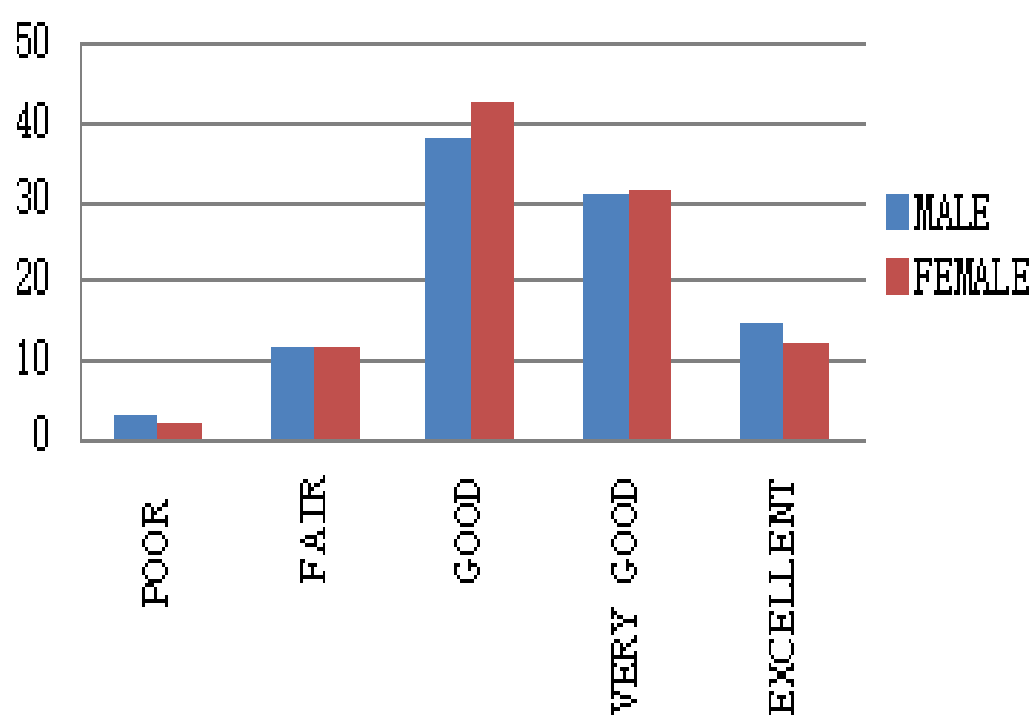
Being Polite	MALE	FEMALE
POOR	3.09278351	1.913876
FAIR	11.3402062	11.48325
GOOD	38.1443299	42.58373
VERY GOOD	30.9278351	31.10048
EXCELLENT	14.4329897	11.96172

Above bar diagram shows comparison of satisfaction level w.r.t to information given to male and female patient.

The question in the questionnaire asked answer is signified in the above graph w.r.t male and female patients.

The graph says about the first question asked that Doctors were polite to the patient Now regarding the further question the graphs will be displayed.

Being Polite



Question 2 : Answer your questions

Answer your Question	MALE	FEMALE
POOR	2.06185567	0.956938
FAIR	11.3402062	6.220096
GOOD	32.9896907	44.49761
VERY GOOD	26.8041237	26.31579
EXCELLENT	23.7113402	20.57416

This graph shows the satisfaction level according to answering questions

Question 3: Listening to you

Listening to you	MALE	FEMALE
POOR	2.06185567	0.956938
FAIR	12.371134	11.00478
GOOD	31.9587629	35.88517
VERY GOOD	28.8659794	31.10048
EXCELLENT	21.6494845	20.09569

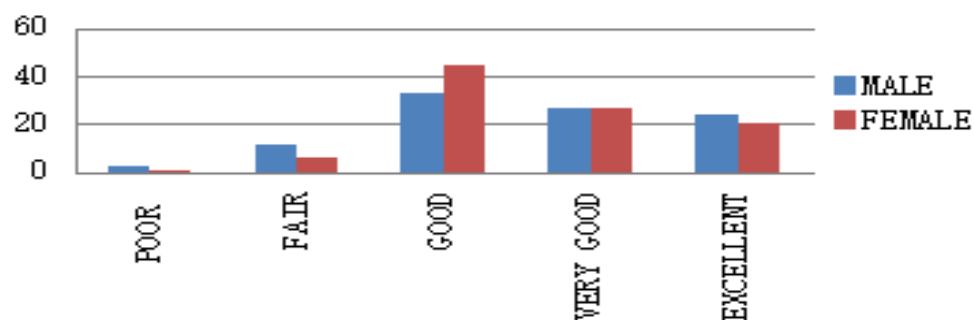
This graph display the satisfaction of question 3 in questionnaire.

Question 4: Assessing your medical history

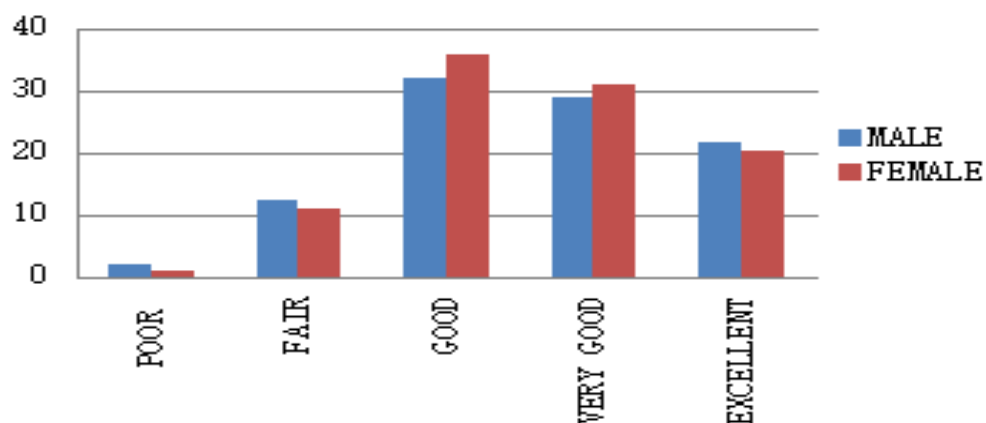
Assessing your medical history	MALE	FEMALE
POOR	2.06185567	2.870813
FAIR	10.3092784	11.48325
GOOD	36.0824742	34.92823
VERY GOOD	30.9278351	33.49282
EXCELLENT	15.4639175	16.26794

The graph below is answer of question 4 in questionnaire.

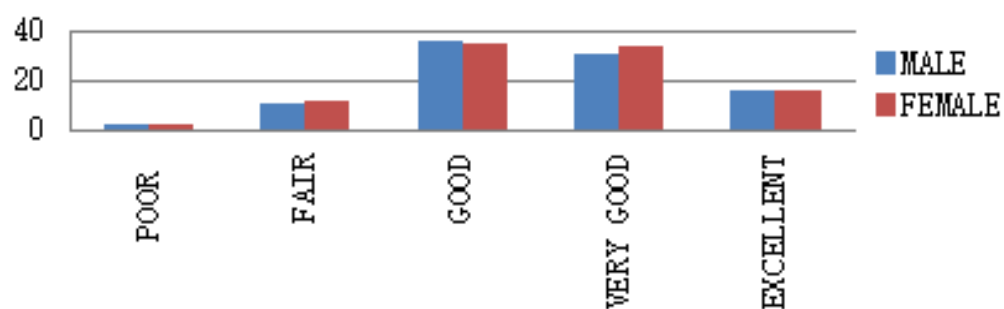
Answer Your Questions



Listening to you



Assesing your mediactal hi story



Question 5: Explaining your condition & treatment

Explaining your condition & treatment	MALE	FEMALE
POOR	2.06185567	2.870813
FAIR	17.5257732	10.04785
GOOD	27.8350515	37.32057
VERY GOOD	20.6185567	30.14354
EXCELLENT	24.742268	17.70335

The above graph denotes the question 5 comparison

Question 6: Involving you in decisions about your treatment

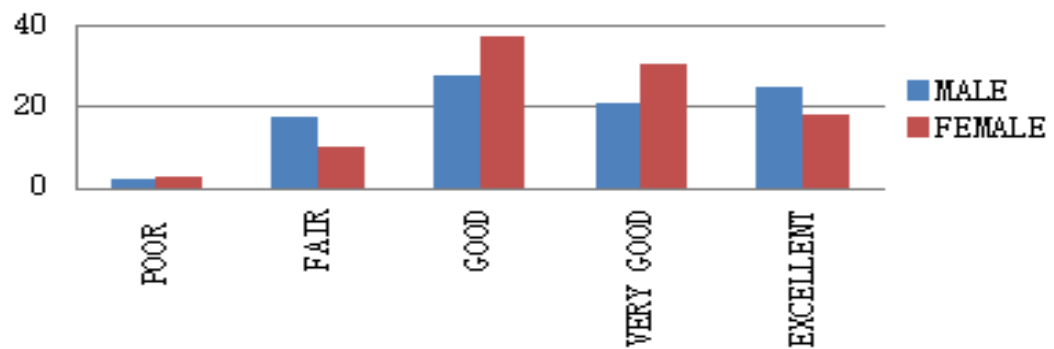
Involving you in decisions	MALE	FEMALE
POOR	2.06185567	5.263158
FAIR	13.4020619	16.26794
GOOD	30.9278351	31.10048
VERY GOOD	26.8041237	27.7512
EXCELLENT	20.6185567	18.66029

This graph signifies the comparison of question 6

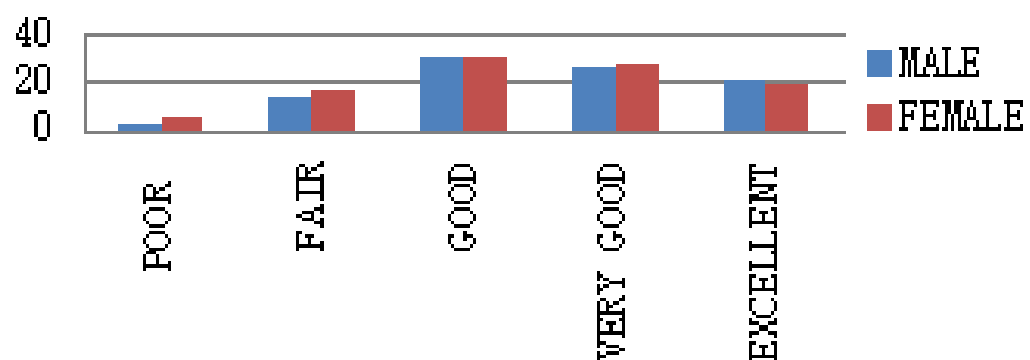
Question 7: Take enough time with you

Take enough time with you	MALE	FEMALE
POOR	2.06185567	2.870813
FAIR	19.5876289	9.090909
GOOD	30.9278351	14.35407
VERY GOOD	19.5876289	9.090909
EXCELLENT	21.6494845	10.04785

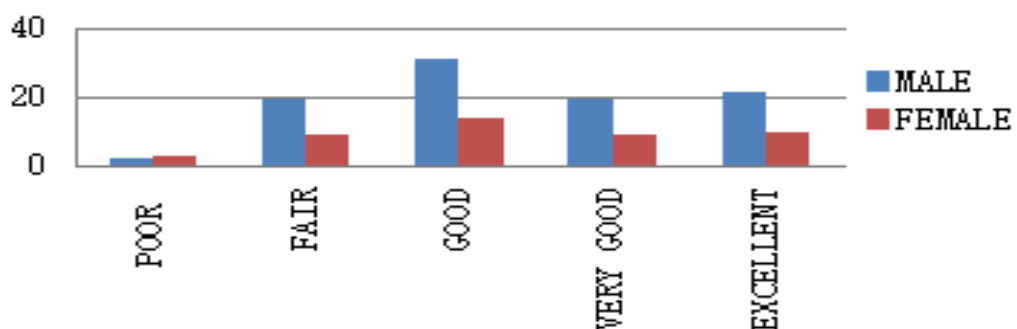
Explain condition



Involving you in decisions



Take Enough time with you



Question 1 : Being Polite

Being Polite	Insurance	Self
POOR	1.51515152	3.092784
FAIR	7.57575758	8.762887
GOOD	41.66666667	33.50515
VERY GOOD	26.5151515	27.31959
EXCELLENT	15.1515152	6.701031

Below graph shows the result of comparison between Insurance and self payment patients.

Question 2: Answer Your Questions

Answer Your Questions	Insurance	Self
POOR	1.51515152	1.546392
FAIR	9.09090909	6.185567
GOOD	37.8787879	33.50515
VERY GOOD	22.7272727	21.13402
EXCELLENT	25.7575758	16.49485

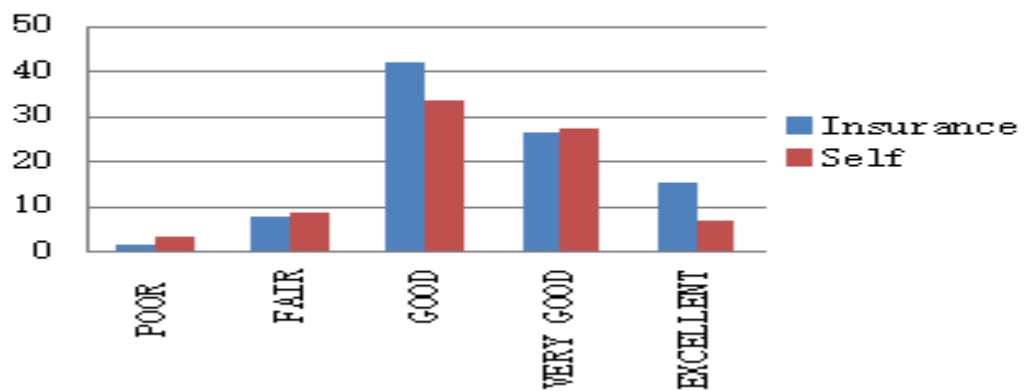
Below graph display about the question 2

Question 3: Listening to you

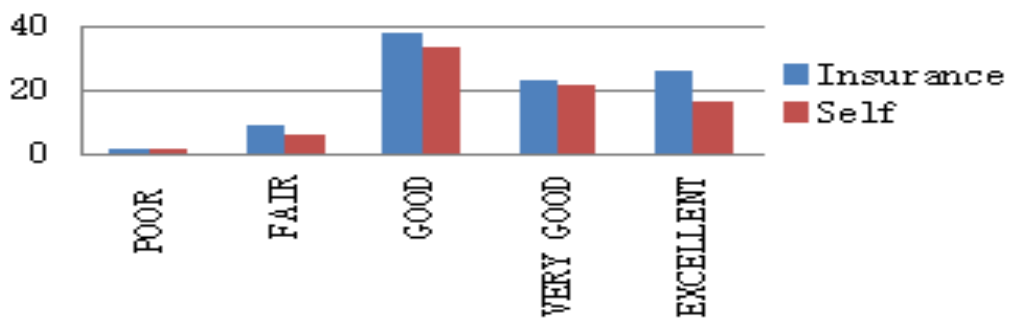
Listening to you	Insurance	Self
POOR	1.51515152	1.030928
FAIR	11.3636364	10.30928
GOOD	35.6060606	25.25773
VERY GOOD	23.4848485	26.80412
EXCELLENT	22.7272727	15.46392

Below graph explains the question 3

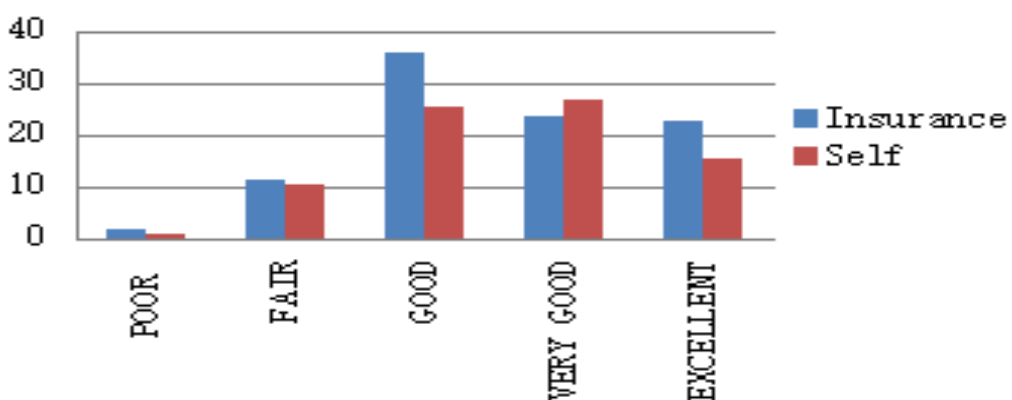
Being Polite



Answer Your Questions



Listening to you



Question 4: Assessing your medical history

Assessing your medical history	Insurance	Self
POOR	1.51515152	2.57732
FAIR	20.4545455	7.216495
GOOD	31.8181818	28.86598
VERY GOOD	29.5454545	24.2268
EXCELLENT	14.3939394	15.97938

Below graph shows explanation of question 4

Question 5: Explaining your condition & treatment

Explaining your condition & treatment	Insurance	Self
POOR	1.51515152	3.092784
FAIR	20.4545455	5.670103
GOOD	27.2727273	30.41237
VERY GOOD	30.3030303	20.10309
EXCELLENT	15.1515152	17.52577

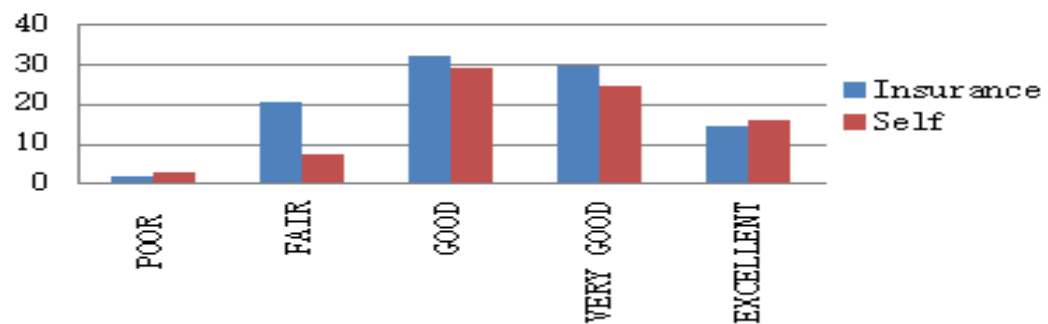
Below graph explain question 5

Question 6: Involving you in decisions

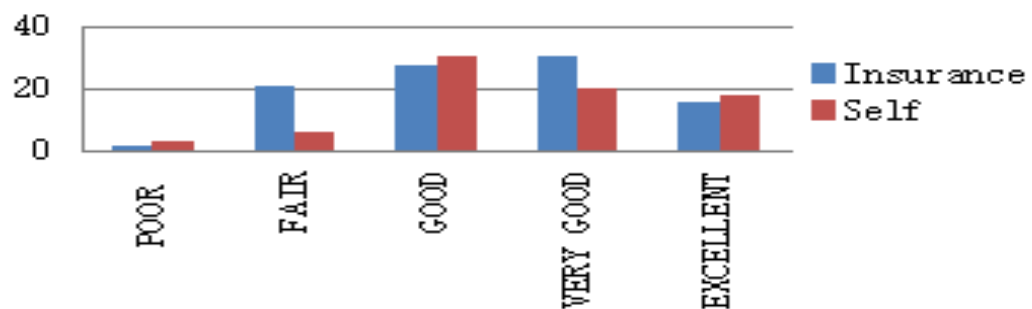
Involving you in decisions	Insurance	Self
POOR	3.03030303	4.639175
FAIR	18.1818182	11.85567
GOOD	30.3030303	24.74227
VERY GOOD	27.2727273	19.58763
EXCELLENT	19.6969697	17.01031

Below graph explains question 6

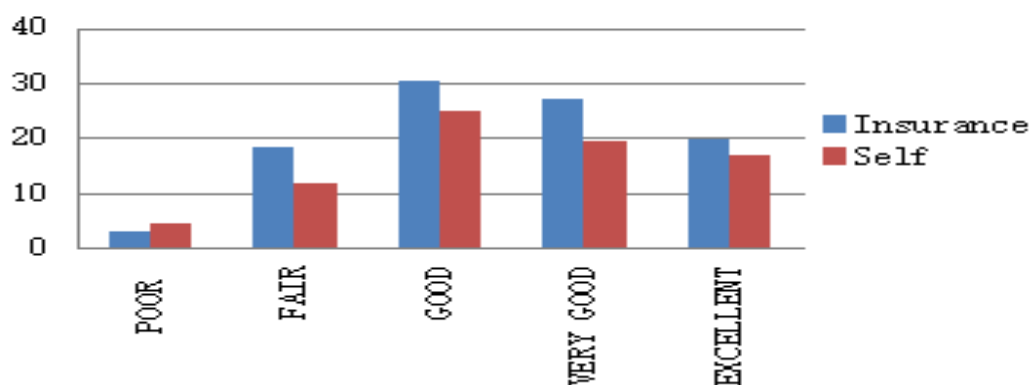
Assesing your medical history



Explaining your condition & treatment



Involving you in decisions



Question 7: Take enough time with you

Take enough time with you	Insurance	Self
POOR	2.27272727	2.57732
FAIR	20.4545455	12.8866
GOOD	27.2727273	29.89691
VERY GOOD	18.9393939	14.43299
EXCELLENT	25	19.07216

Below graph explains question 7

On the basis of 3 parameter Nationality comparison is given below

Question 1:Being Polite

Nationality				
Being Polite	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	2.56410256	2.702703	2.739726	5
FAIR	8.97435897	10.81081	19.178082	10
GOOD	50	27.02703	20.547945	10
VERY GOOD	21.7948718	37.83784	27.39726	55
EXCELLENT	12.8205128	8.108108	12.328767	10

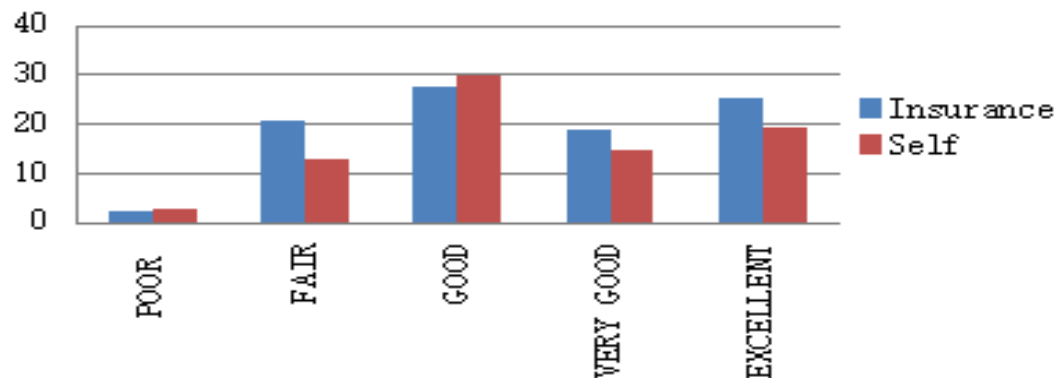
Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 1

Question 2: Answer Your Questions

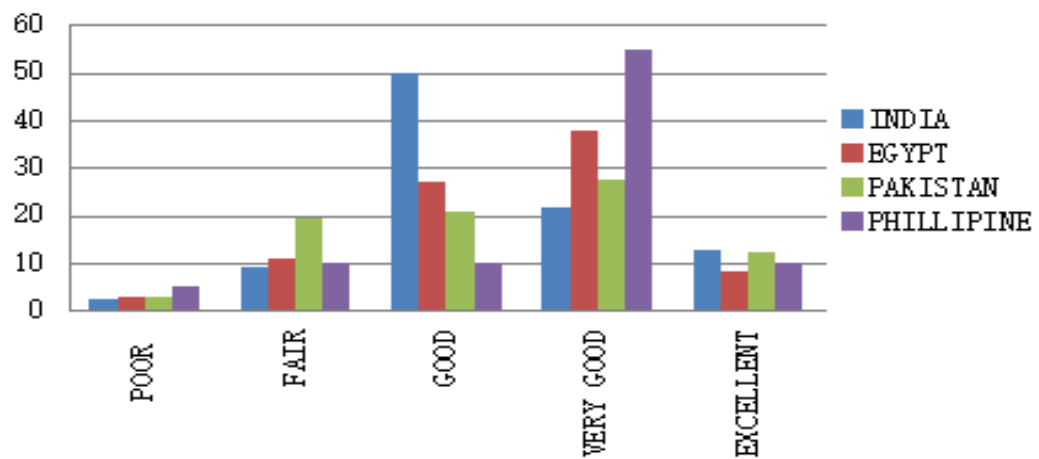
Nationality				
Answer Your Questions	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.28205128	2.702703	2.739726	5
FAIR	16.6666667	8.108108	10.958904	5
GOOD	41.025641	27.02703	17.808219	35
VERY GOOD	14.1025641	27.02703	30.136986	25
EXCELLENT	24.3589744	29.72973	21.917808	10

Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 2.

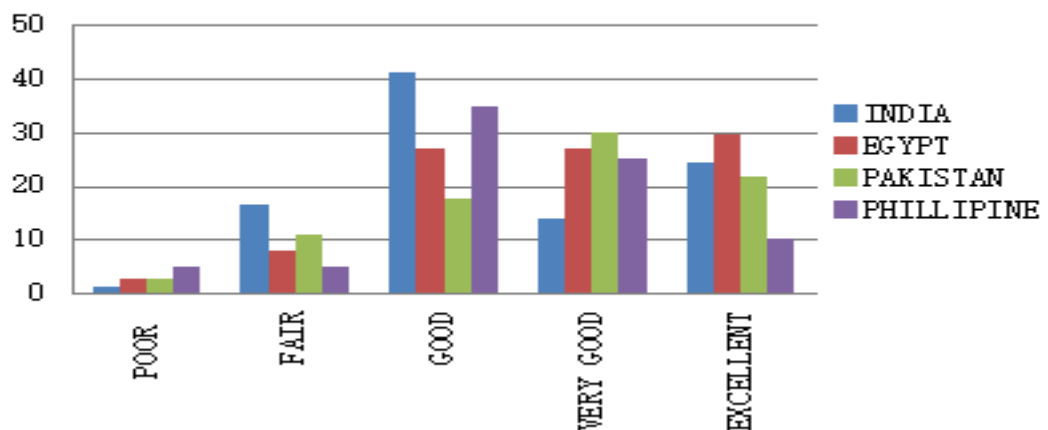
Take enough time with you



Being Polite



Answer Your Questions



Question 3: Listening to you

Nationality				
Listening to you	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.28205128	2.702703	4.109589	5
FAIR	12.8205128	8.108108	13.69863	10
GOOD	37.1794872	32.43243	16.438356	40
VERY GOOD	24.3589744	27.02703	34.246575	30
EXCELLENT	21.7948718	13.51351	24.657534	5

Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 3

Question 4: Explaining your conditions

Nationality				
Assessing your medical history	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.28205128	5.405405	2.739726	5
FAIR	12.8205128	18.91892	13.69863	10
GOOD	39.7435897	27.02703	2.739726	25
VERY GOOD	19.2307692	27.02703	35.616438	25
EXCELLENT	15.3846154	5.405405	15.068493	25

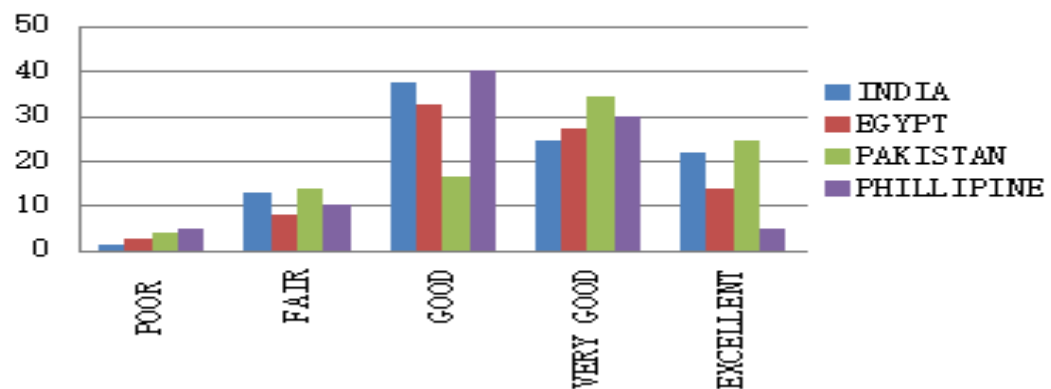
Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 4

Question 5:

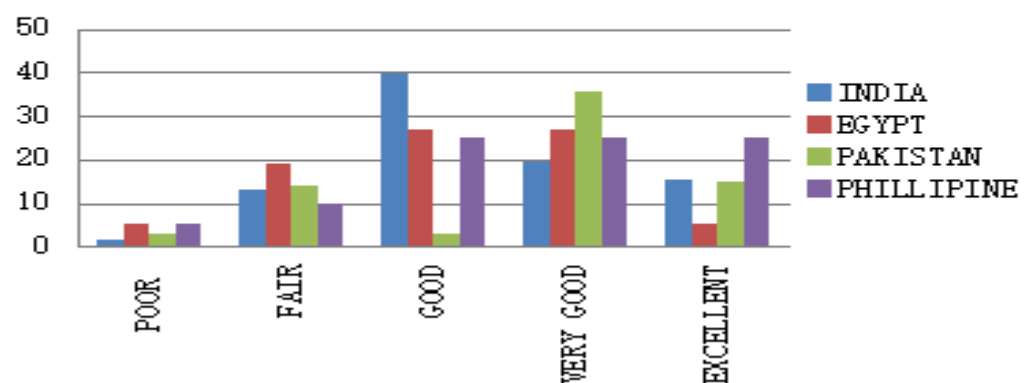
Nationality				
Explaining your condition & treatment	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.28205128	5.405405	2.739726	5
FAIR	12.8205128	16.21622	15.068493	10
GOOD	34.6153846	27.02703	24.657534	30
VERY GOOD	15.3846154	35.13514	20.547945	40
EXCELLENT	29.4871795	10.81081	28.767123	5

Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 5

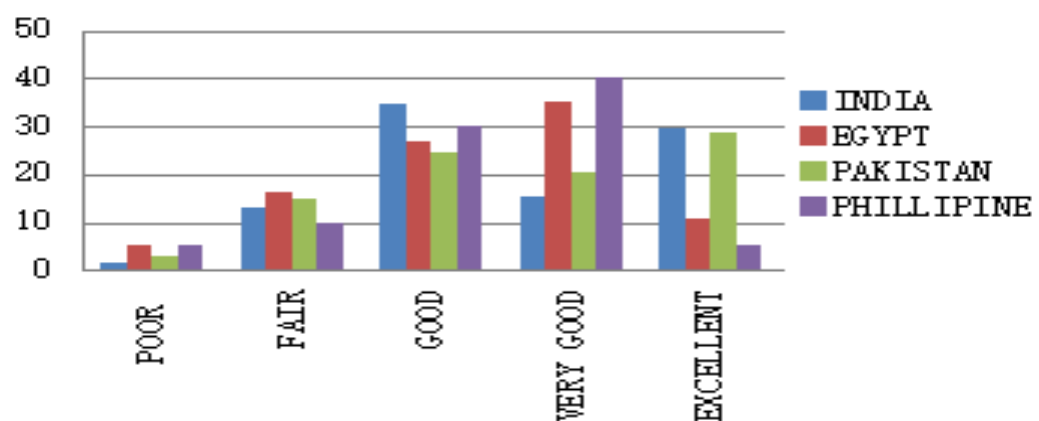
Listening to you



Assesing your medical history



Explaining your condition & treatment



Question 6: Involving you in decisions

Nationality				
Involving you in decisions	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.28205128	2.702703	2.739726	5
FAIR	14.1025641	10.81081	26.027397	10
GOOD	41.025641	40.54054	24.657534	25
VERY GOOD	14.1025641	37.83784	21.917808	35
EXCELLENT	19.2307692	18.91892	30.136986	15

Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 6

Question 7: Take enough time with you

Nationality				
Take enough time with you	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.28205128	8.108108	2.739726	5
FAIR	16.6666667	8.108108	20.547945	10
GOOD	46.1538462	43.24324	23.287671	35
VERY GOOD	8.97435897	32.43243	17.808219	25
EXCELLENT	21.7948718	16.21622	38.356164	15

Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 7

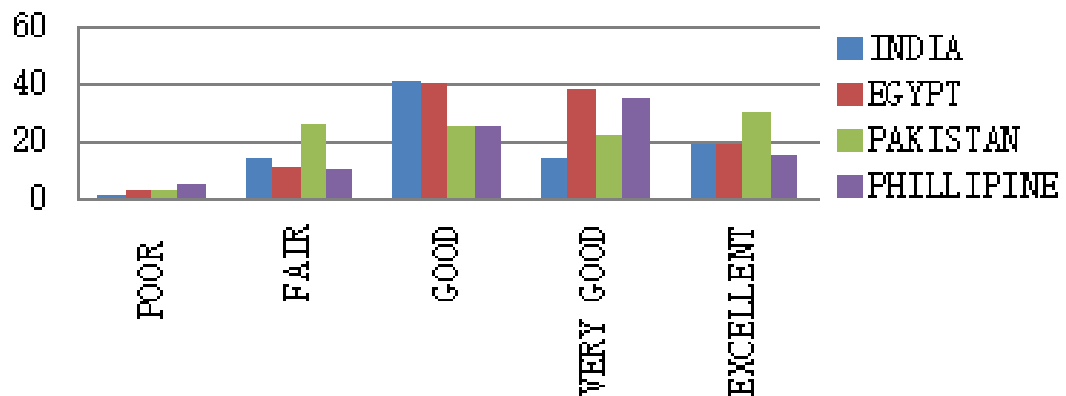
Now according to this analysis done above explains that in Male and Female comparison females have rated Physicians at good and very good category. The Most Satisfied customer are Females in the Hospital.

In the Analysis in payment mode of patients Insurance patients are more satisfied by the services of the hospital Doctors

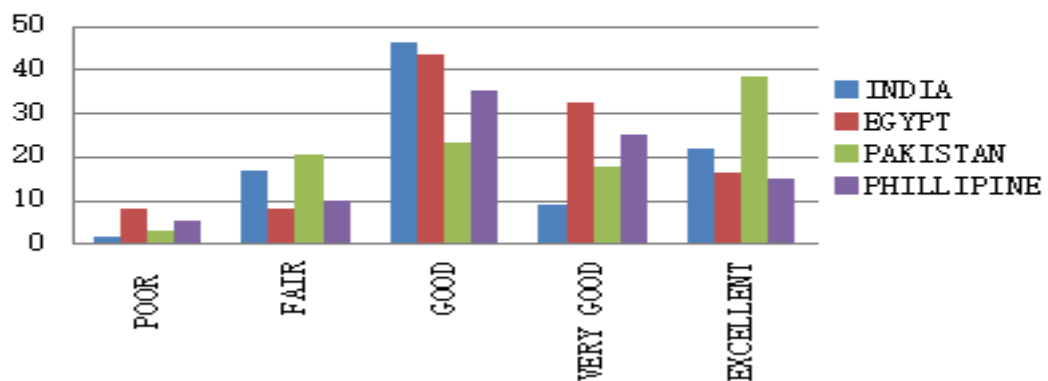
In analysis on the basis of nationality India is the nationality whose patients are maximum in the hospital. This Nationality is the most satisfied from the services of the hospital.

The result of analysis explains that patient of India access more this hospital and rate the hospital in Good and very good Category.

Involving you in decisions



Take enough time with you



Analysis Of Food & Beverage Department

There was one more analysis of food & Beverage department was also performed and again 3 parameters were taken in account.

Gender, Payment Mode and Nationality according to these parameters the analysis was performed.

Question 1: Quality of Food Served

Quality of food served	MALE	FEMALE
POOR	1.030928	0.9569378
FAIR	3.092784	1.4354067
GOOD	4.123711	5.7416268
VERY GOOD	15.46392	18.181818
EXCELLENT	1.030928	1.9138756

Below graph explain about the satisfaction of patients for food & beverage department on the basis of males vs Females

The graph signifies that females are more satisfied by the services rather than males
Above graph explains the Question 1

Question 2: Attitude of Staff

Attitude of Staff	MALE	FEMALE
POOR	5.154639	1.4354067
FAIR	8.247423	16.746411
GOOD	8.247423	38.277512
VERY GOOD	21.64948	33.492823
EXCELLENT	3.092784	9.569378

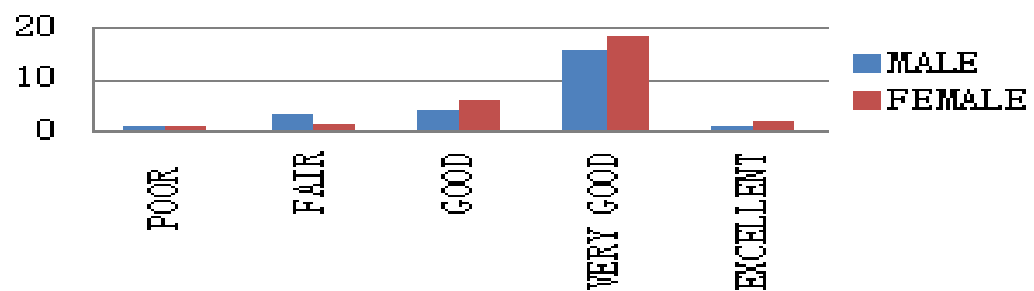
Below graph explains the satisfaction towards the attitude of staff
It explains the question 2

Question 3: Cleanliness of outlet

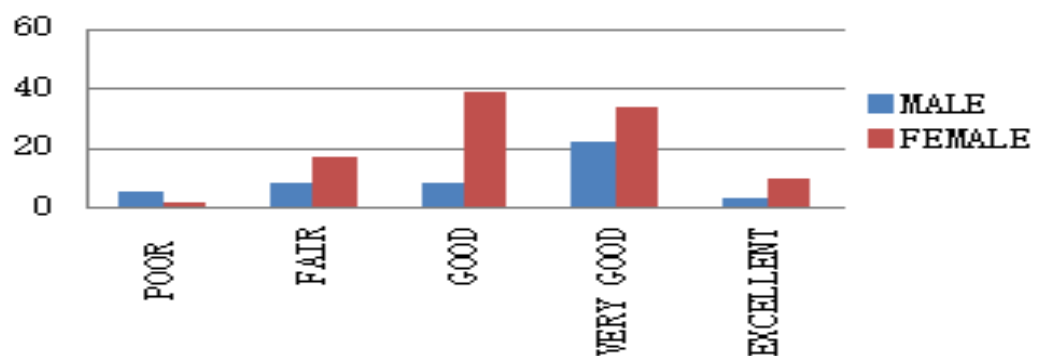
Cleanliness of outlet	MALE	FEMALE
POOR	2.061856	2.3923445
FAIR	22.68041	17.22488
GOOD	36.08247	35.885167
VERY GOOD	29.89691	31.100478
EXCELLENT	6.185567	11.961722

Below graph explains the satisfaction towards the cleanliness of outlet. It explains the question 3

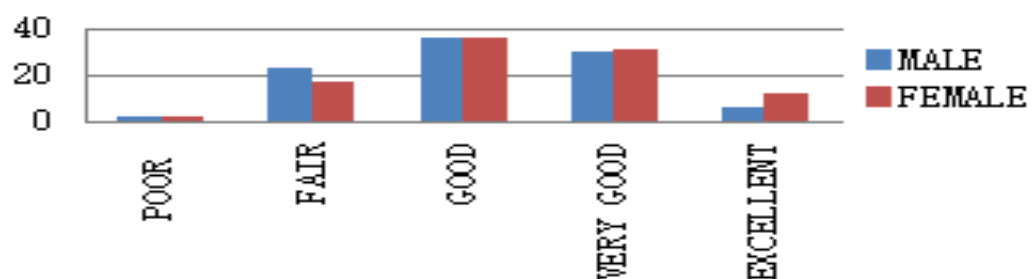
Quality of food s erved



Attitude of staff



Cleanliness of outl et



Question 4: Value money

Value for Money	MALE	FEMALE
POOR	13.40206	11.483254
FAIR	36.08247	27.751196
GOOD	20.61856	28.708134
VERY GOOD	16.49485	19.138756
EXCELLENT	5.154639	11.961722

Below graph explains the satisfaction towards the Price level of the food

It explains the question 4

On the basis of payment mode now the analysis graph are presented

Question 1: Quality of food served

On the basis of payment mode		
Quality of food served	Insurance	Self
POOR	1.515152	3.6082474
FAIR	18.93939	21.134021
GOOD	37.87879	38.659794
VERY GOOD	24.24242	26.804124
EXCELLENT	8.333333	9.7938144

The below graph explains the satisfaction level on basis of payment mode

It explains about the satisfaction level of insured and self paid patients

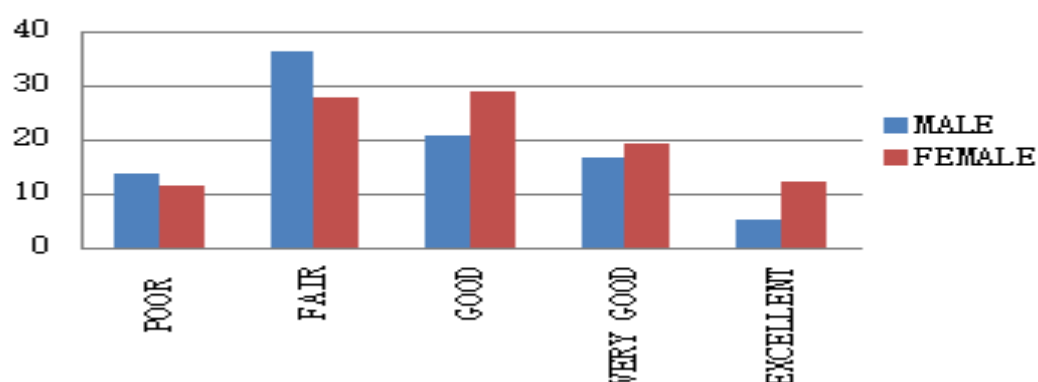
It explain question 1

Question 2: Attitude of Staff

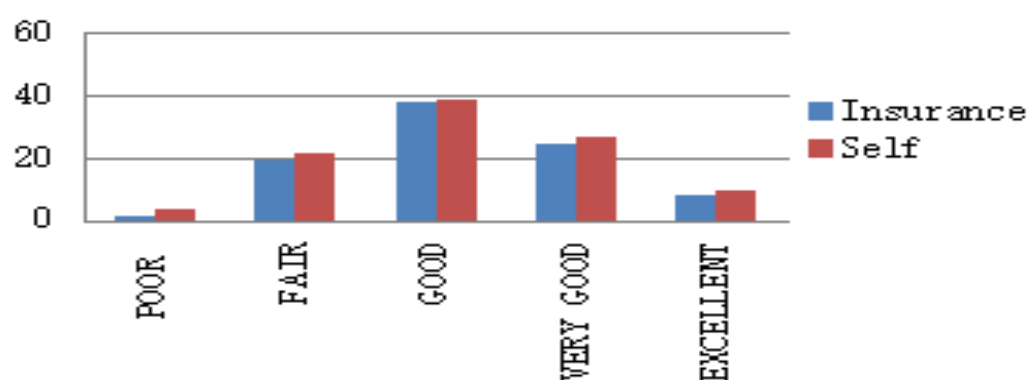
Attitude of Staff	Insurance	Self
POOR	1.515152	2.0618557
FAIR	18.93939	15.979381
GOOD	40.90909	39.175258
VERY GOOD	29.54545	29.896907
EXCELLENT	8.333333	11.340206

Below graph explain the question 2 , the satisfaction on basis of payment mode

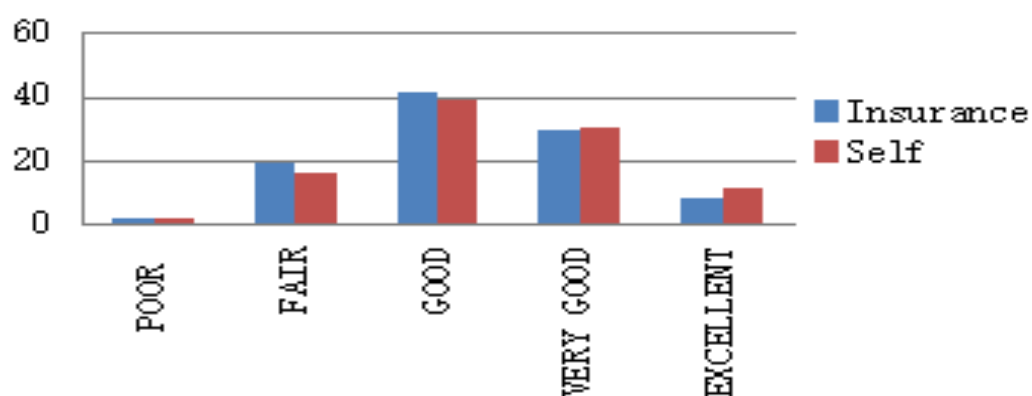
Value for Money



Quality of food served



Attitude of staff



Question 3: Cleanliness of outlet

Cleanliness of outlet	Insurance	Self
POOR	2.272727	2.0618557
FAIR	17.42424	20.103093
GOOD	40.15152	35.56701
VERY GOOD	31.81818	28.350515
EXCELLENT	6.818182	12.371134

Below graph explain question 3

Question 4: Value for Money

Value for Money	Insurance	Self
POOR	14.39394	11.340206
FAIR	25.75758	28.350515
GOOD	31.06061	23.195876
VERY GOOD	19.69697	18.556701
EXCELLENT	8.333333	10.824742

Below graph explains the question 4

This was the comparison based on Insurance and self Payment patients
The analysis signifies that insurance patients are more satisfied by the services.

On the basis of Nationality analysis was performed results are displayed below:

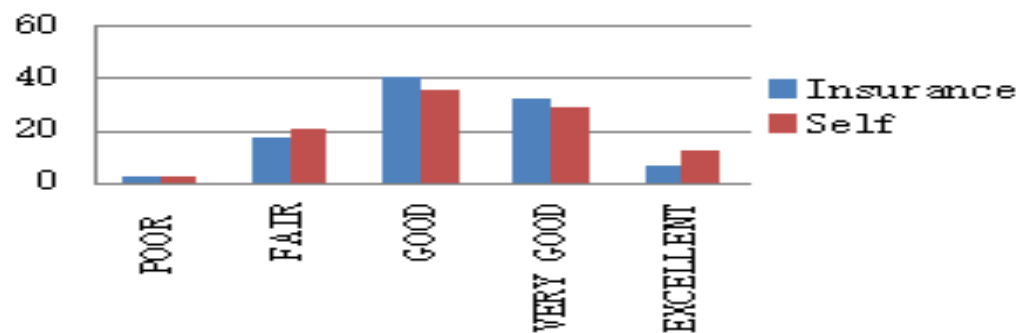
Question 1: Quality of Food Served

Nationality				
Quality of Food Served	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.369863	5.4054054	2.739726	5
FAIR	16.43836	18.918919	23.287671	20
GOOD	36.9863	29.72973	41.09589	35
VERY GOOD	38.35616	35.135135	21.917808	20
EXCELLENT	13.69863	6.8493151	5.4794521	10

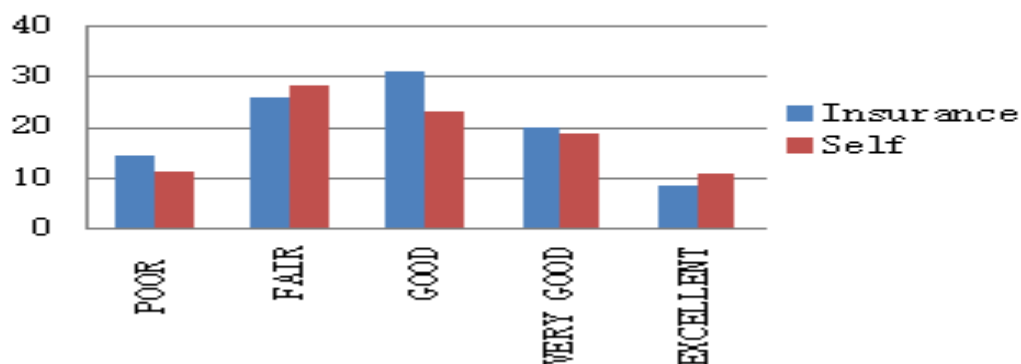
Below graph explain the comparison of food & beverage services on the basis of nationality.

It explains the question 1

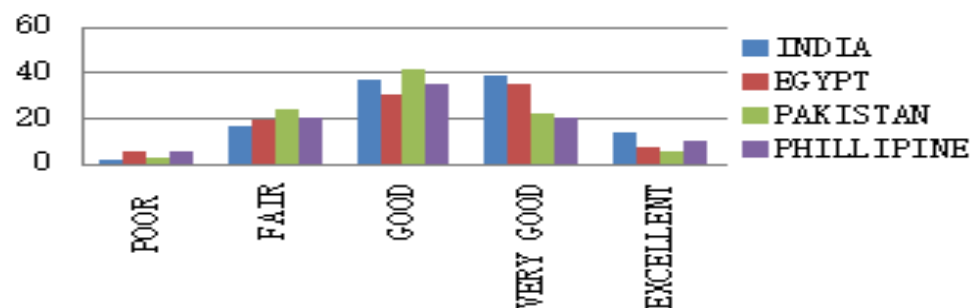
Cleanliness of outlet



Value For Money



Quality of food served



Question 2: Attitude of the Staff

Nationality				
Attitude of the Staff	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.282051	2.7027027	1.369863	5
FAIR	7.692308	18.918919	43.243243	15
GOOD	35.89744	32.432432	43.835616	35
VERY GOOD	39.74359	35.135135	21.917808	35
EXCELLENT	14.10256	10.810811	9.5890411	10

Below graph explain question 2

Question 3: Cleanliness of outlet

Nationality				
Cleanliness of outlet	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	1.282051	2.7027027	1.369863	5
FAIR	17.94872	18.918919	17.808219	20
GOOD	32.05128	24.324324	45.205479	25
VERY GOOD	32.05128	40.540541	28.767123	40
EXCELLENT	12.82051	13.513514	5.4794521	10

Below graph explains question 3

Question 4: value for money

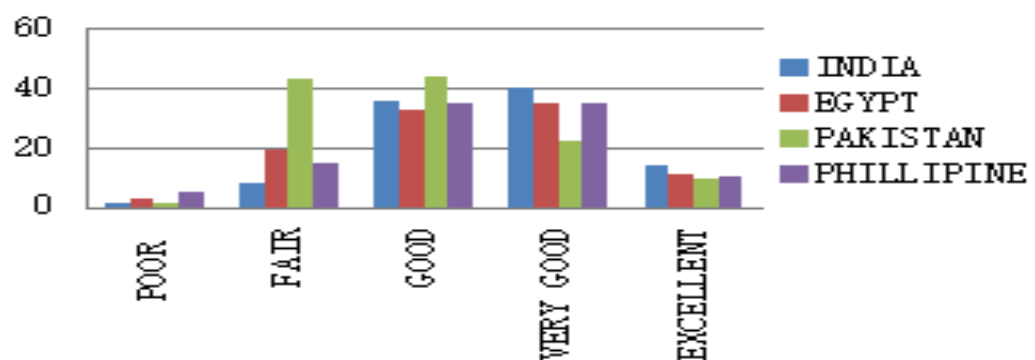
Nationality				
Value For money	INDIA	EGYPT	PAKISTAN	PHILLIPINE
POOR	3.846154	8.1081081	10.958904	15
FAIR	7.692308	18.918919	32.876712	20
GOOD	6.410256	24.324324	27.39726	25
VERY GOOD	3.846154	27.027027	19.178082	15
EXCELLENT	3.846154	18.918919	5.4794521	15

Below graph explains about the question 4

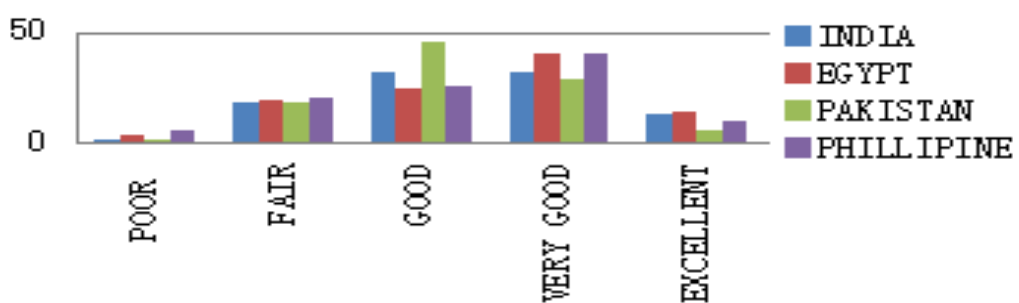
Below graph explains the comparison between the 4 nationality patients in Hospital about satisfaction for Question 7

Now according to this analysis done above explains that in Male and Female comparison females have rated food & beverage services at good and very good category. The Most Satisfied customer are Females in the Hospital.

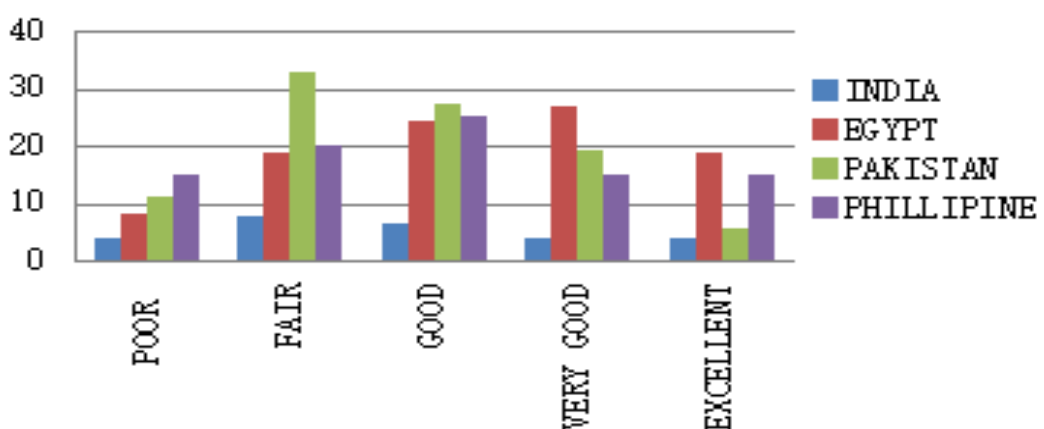
Attitude of the Staff



Cleanliness of outlet



Value For Money



In the Analysis in payment mode of patients Insurance patients are more satisfied by the services of the hospital.

In analysis on the basis of nationality Pakistan is the nationality whose patients are more satisfied for food & beverage services in the hospital. This Nationality is the most satisfied from the services of the hospital.

The result of analysis explains that patient of Pakistan access more to this services hospital and rate the hospital in Good and very good Category.

DISCUSSION

In this study, we found that the more satisfaction outcomes for clinicians discussed with patients in advance of decision-making, the more satisfied patients reported being with their overall medical care. In addition, we found that patients rated clinicians at Good and Very good category.

Patients are completely satisfied by the doctors assistance and approach to them. These results should be considered as it was not limited to one sample.

In this study 3 main parameters were taken to identify the satisfaction level of patients towards Doctors as well as the hospital services provided to them.

The 3 parameters considered were: Gender, Payment Mode, and Nationality

At gender level of satisfaction the results signified that Female patients were more satisfied by the Services provided to them. This Result was analyzed by taking our first parameter Gender

The Graphs and tables shows the results of the analysis.

The second analysis performed was on 2nd parameter i.e Payment Mode this parameter analysis explained that insurance patients are more satisfied by the services of clinicians and also services of hospital , results show the satisfaction level of insured patients . Through graphs and tables all the results are displayed in the thesis.

The third analysis which was taken in account was on the basis of nationality. In this analysis four nationalities were observe i.e India, Pakistan, Egypt, and Phillipines.

Out of these nationalities India was more satisfied by services of the hospital. The second satisfied nationality was Phillipines . In the hospital more frequent were from India that rated hospital services in Good and Very Good category. Overall analysis the hospital Doctors were rated as Good in their services.

Similarly food & beverage department as rated and analysis was performed on the department services. For this department as well 3 parameters were taken and analysis was performed. And the results are displayed through table and graphs . The analysis on this shows that On gender basis Females patients are more satisfied and has rated the

services in Very good category, on basis of payment mode Insured patients were more satisfied than the self paid patients. Then the third parameter was nationality in this Indian patients were more satisfied than any other nationality.

CONCLUSION

In this study at overall level the GMC Hospital Ajman is rated in Good and Very Good category. Patients are satisfied by the services provided to them. On basis of gender females are satisfied the reason as its an female driven hospital. Major fruit-fall is through Gyanae patients. Thus females are very much satisfied by the services. Similarly insurance patients are satisfied as their requirements are full-filled by the hospital. On basis of nationality Indian patients are more satisfied as they don't feel any language barrier with the staffs also easy to communicate their issues with the staffs.also maximum patients coming in the hospital are Indian patients thus were happy with the services provided to them.

RECOMMENDATION

- ✓ Arabic Translator to improve the communication with patients
- ✓ Repeated training for soft skills of staffs
- ✓ Bed allotment for more private rooms to be availed for the patients

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